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Modified PTO/SB/21 (12-97)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/776,392
		Filing Date	2/2/2001
		First Named Inventor	James Maligeorgos
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	M-12181 US

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form PTO-2038	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request of Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application				
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>Enclosed please find a request for an <b>APPOINTMENT OF ASSOCIATE ATTORNEY</b> for the above-identified application.</td> </tr> </table>			Remarks	Enclosed please find a request for an <b>APPOINTMENT OF ASSOCIATE ATTORNEY</b> for the above-identified application.
Remarks	Enclosed please find a request for an <b>APPOINTMENT OF ASSOCIATE ATTORNEY</b> for the above-identified application.			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bruce A. Johnson
Signature	/s/ Bruce A. Johnson
Date	December 4, 2008

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Bruce A. Johnson		
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): James Maligeorgos

Application No.: 09/776,392

Filed: 2/2/2001

Title: VOLTAGE CONTROLLED QUADRATURE OSCILLATOR WITH PHASE TUNING

Attorney Docket No.: M-12181 US

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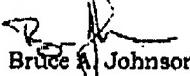
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**APPOINTMENT OF ASSOCIATE ATTORNEY**

Dear Sir:

In the above identified application, please recognize Maximilian R. Peterson, Registration Number 46469, as my associate attorney with full power to prosecute this application, to make alterations and amendments therein, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Sincerely,



Bruce A. Johnson

Reg. No. 37361

Date: December 4, 2008

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